

**Great Lakes Inter-Tribal Council
Strategic Plan
For the
Wisconsin Alliance on Indian Health**

“We have formed an alliance to leverage the resources of the IHS, tribal, urban (I/T/U), state, Federal and private entities to address the health disparities of Wisconsin’s American Indians”

**March 20,21, 2002
Lac du Flambeau, Wisconsin**

This report represents the Strategic Plan developed by the coalition of stakeholders concerned about the health of American Indians in the State of Wisconsin. This Strategic Plan was developed on March 20, 21, 2002 in Lad due Flambeau, Wisconsin. The two-day retreat was sponsored by the Great Lakes Inter Tribal Council and the Wisconsin Tribal Health Directors Association. The session was facilitated by Kauffman and Associates, Inc.

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INTRODUCTION

The Great Lakes Inter Tribal Council (GLITC) in partnership with the Wisconsin Tribal Health Directors Association (WTHDA) and other key stakeholders in the state has undertaken an effort to bring together tribal, state, federal and private concerns to address improved health care for American Indians in the state of Wisconsin. Several informational and sharing meetings have been held. On March 20, 21, 2002, a two-day retreat was held for this group to develop a Strategic Plan for their future activities. With the support of the Bemidji Area Office (BAO) for the Indian Health Service (IHS), participants were gathered to begin the organizational steps to creating an effective, national model for state/tribal coordination and cooperation.

In preparation for this strategic planning, the participating organizations were requested to provide copies of their respective organizational mission statements for review. Of those received, it was clear that there is a common theme and common focus among the tribal, state, federal and private interests toward the improved health of American Indians in Wisconsin. The following is just a sample of excerpts taken from those mission statements

MISSION STATEMENTS EXCERPTS

BAO/IHS: *“..to partner with I/T/U’s in raising the health status of Indian people through consultation, support and advocacy”*

GLITC: *“...to support member tribes in expanding self-determination efforts by providing services and assistance....to advocate for the improvement and unity of tribal governments and individuals.....maintain deep respect for tribal sovereignty and reservation community values...”*

GLITC/IHIP: *“...raising the health status of AI/AN to the highest level possible through..... supporting and enhancing AI programs of Wisconsin Providing technical assistance, linking resources and developing opportunities ...serving as an advocate in self-determination...”*

WTHDA: *“...to provide a framework for mutual support that encourages tribal, intertribal, and interagency collaboration, consultation, and communication.....to assure comprehensive quality health care...”*

Menominee Tribe: *“...to provide quality, accessible, and comprehensive health services...”*

In November, 2001, this association of health concerns in Wisconsin met to identify trends and opportunities to work together. At this November meeting plans were set to provide time for

each of the organizations to better understand the health needs and services available for American Indian populations. Plans were also set to develop a strategic plan for future activities.

The environment in which each of the participating organizations finds itself is in a state of change. Some of the trends most impacting these organizations were identified below:

Trends in the Environment:

- Funding for health care services is shrinking at all levels;
- There is a new Epidemiology Center starting at the GLITC;
- The Department of Health and Human Services has announced renewed interest in problems and strategies around Rural Health Care;
- The Ministry Health Care system has begun a collaborative project with local tribes;
- The State of Wisconsin is one of several “Turning Point” grantees under a national initiative to bridge public health and medical systems funded by the Robert Wood Johnson Foundation;
- The BAO/IHS has increased its role and participation in collaboration with tribes;
- The University of Wisconsin is increasing its collaboration with tribes and with GLITC;
- A national interest and initiative to eliminate health disparities in America;
- The threat of “bio-terrorism” is increased interest in local and regional health systems coordination and public health infrastructure and collaboration;
- There is an extreme budget crisis facing the state of Wisconsin
- The current Secretary for the Department of Health and Human Services is the former governor of Wisconsin and a friend to the health systems involved in this collaborative effort.

Clearly, there are opportunities and challenges before the GLITC and the new association of state-wide concerns it will be coordinating under this plan.

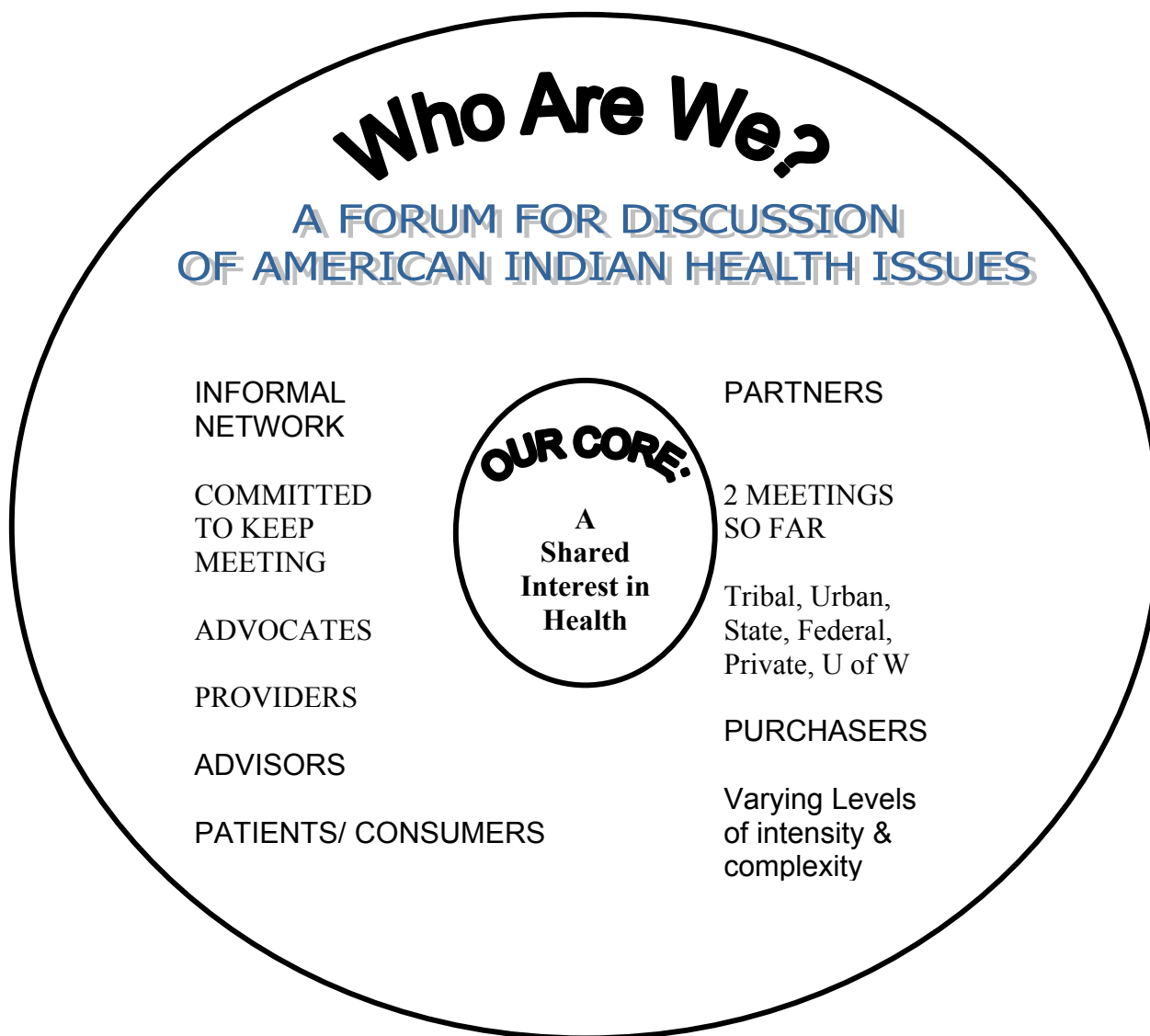
Expectations of the Participants:

- Find a Common Commitment
- Develop Firm Ideas
- Focus & Think “outside the box”
- Follow Through on plans
- Understand how to better work with tribes
- Understand Tribal Health Issues
- Develop a Working relationship
- Develop a Vision & Plan
- Justify the numbers for Funds
- Prospective Collaboration instead of crisis mode planning
- Map out how to collaborate to achieve our goals

- Hear concerns and address health disparities & agree on specific actions to do
- Define Issues, Move forward on “pilots projects” that we will implement
- Increased understanding among the group
- Working together equals “Strength”
- Find our similarities
- Better utilize limited resources
- Ideas & Strategies to put in place
- Know where we are, want to be, how to get there...
- Include the health concerns of Urban Indians
- Technology implications of plan
- Find Win/Win and feasible solutions

Who are we?

The participants in this alliance or coalition vary. They represent local tribal interests, urban Indian health programs, university concerns, regional associations, private health systems, state health divisions, and federal agencies. At the “heart” of this alliance is a shared interest in health. Built upon this foundation is a commitment to meet in a forum for discussion on a regular basis. The network is informal. It is composed of providers, patients/consumers, advocates, advisors, funders, and partners. There are varying levels of intensity expected, depending upon the issues addressed and the time pressures involved. While there is no expectation that this alliance will incorporate into a formal, legal entity, there is a commitment to keep meeting



SHARED VISION

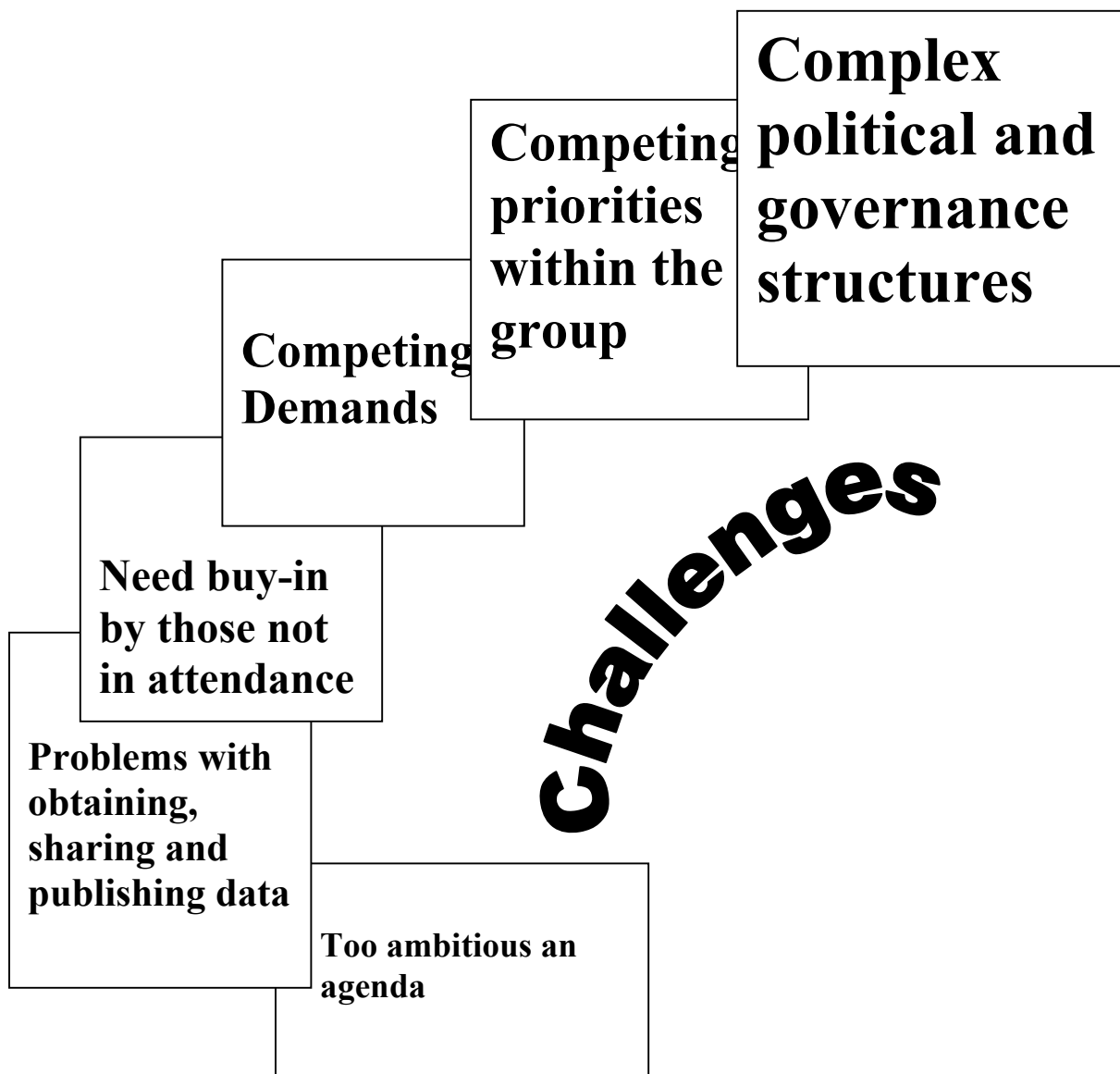
There are three major components to the “shared vision” that was developed by the alliance participants. The first component identifies the type of structure and participation that is expected within the alliance. The second component identifies the type of activities and projects that will be undertaken. The third component envisions national recognition for an effective model for collaboration among I/T/U, federal state and private interests.

Vision Statement

- *The Wisconsin Alliance on Indian Health will be established and sustained as an action-oriented alliance, with active participation among I/T/U and key federal, state, and private agencies. We will retain a flexible approach with regular meetings supported by GLITC and a communication system that enhances outreach, our visibility and the best use of technology.*
- *We will identify and advance issues of common concern and work to develop evidence-based solutions, best practices and strategies. We will also work through project-specific workgroups or task forces to implement these projects under the general guidance of our alliance partners.*
- *Finally, we will develop an effective model for I/T/U, federal, state, and private collaboration that is recognized nationally and becomes a resources for others seeking this type of collaboration.*

OBSTACLES AND CHALLENGES

What is blocking the progress of this new alliance from achieving its stated vision? Our clear understanding of both internal and external forces that create contradictions, barriers or challenges is crucial to developing effective strategies for success. Through a facilitated analysis of these challenges, the alliance participants identified the following obstacles and challenges. These challenges are presented in order of immediacy, with “complex political and governance structures” being the most immediate barrier to address.



STRATEGIC DIRECTIONS

Establish basic organization, logistical database and systems for communication

Develop a process for each organization to participate

Establish core group and partners

...Building a strong organizational foundation

Adopt a Mission Statement

Develop a Marketing Plan

...Communicating our dream

Define the scope and realm of issues and opportunities to consider

Identify and implement special projects and initiatives

... Making a difference

IMPLEMENTATION PLANNING

The Implementation Planning will occur at future meetings of the Alliance. Initial “first steps” were identified to help the organization move toward meeting preliminary objectives. The following Implementation Planning tables should be reviewed on a regular basis by the Alliance.

Toward Building a Strong Organizational Foundation

Establish basic organization logistical database and systems for communication....		
Action	Who	When
Next meeting will be June 2, 2002 in Madison, WI	Core Group	6/2/01

Develop process for each organization to participate		
Action	Who	When
Formalize the process for membership and participation	Donna and Core Group	

Establish core group and partners		
Action	Who	When
Identify “Core Group” as John Lund, GLITC/IHIP, WTHDA, IHS/BAO, UW, Urban programs, DHFS	Glenn, Jenny, Donna	

Toward Communicating Our Dream . . .

Adopt a Mission Statement		
Action	Who	When
Sample: “ <i>We have formed an alliance to leverage the resources of the ITU, state, federal and private entities to address the health disparities of Wisconsin’s American Indians</i> ”.	Kathy, Denise, John Lund, Byron	

Develop a Marketing Plan		
Action	Who	When
	Robyn, Lynn, Hattie	

Toward Making a Difference

Define the scope and realm of issues and opportunities. . . .		
Action	Who	When
	Phillis, Jody, Jeff, Alice, Denise	

Identify and implement special projects and initiatives. . . .		
Actions	Who	When
1 st Pilot Project will be a Best Practices and Information Health Summit	Jerry, Robin, Joanne, Georgia, Jim Webber, Donna, Jenny Glen	Sept. 2002

Attachments

GREAT LAKES INTERTRIBAL COUNCIL, INC.

March 20, 21, 2002

Strategic Planning

**“American Indian Health in Wisconsin – Collaborative
Approaches for The Future”**

Lac de Flambeau, Wisconsin

A G E N D A

Wednesday, March 20, 2002

- 10:30 a.m. Opening Prayer
- 10:35 a.m. Welcome and Introductions
- Glenn Safford, Great Lakes Intertribal Council
 - Dr. Kathy Annette, Area Director
- 11:00 a.m. Strategic Planning: Getting Started – Jo Ann Kauffman
- “Why do strategic planning?”
 - Setting Ground Rules
 - Thinking “outside the box”
- 11:30 a.m. Understanding our Environment – Jo Ann Kauffman
- Review of Issues facing Health Clinics
 - What has changed since November, 2001?
- 12 Noon Lunch break
- 1:00 p.m. Workshop: “Defining Our Shared Vision”
- 3:30 p.m. Break
- 4:00 p.m. Workshop: “Challenges and Barriers” – Jo Ann Kauffman
- What is blocking or preventing us from achieving our vision?
- 5:00 p.m. Recess

Thursday, March 21, 2002

- 8:30 a.m. Welcome and Reconvene

- 9:00 a.m. Strategic Directions Workshop – Jo Ann Kauffman
- What are the actions, strategies or programs that will help circumvent the barriers and move us closer to our vision?
- 10:30 a.m. Break
- 11:00 a.m. Strategic Directions Workshop Continued
- 12 Noon Lunch break
- 1:30 p.m. Implementation Planning
- Self-selection Workgroups will identify actions and plans for each major strategic direction
 - Plans must be specific, measurable, and time-bound
- 3:00 p.m. Break
- 3:30 p.m. Implementation Planning Continued
- 4:00 p.m. Follow-up Activities
- What can we do to incorporate these plans into our activities?
 - Is there a “kick-off event” that can be used to launch this plan?
 - What are our next steps in the planning process?
- 4:30 p.m. Adjourn

SHARED VISION FOR THE FUTURE WORKSHEET

An established and sustained action oriented ‘alliance’	Active and sustained participation of I/T/U and key federal, state and private agencies	Flexible structure, meeting regularly with support of GLITC and communication that enhances outreach, visibility and use of technology.	Identify & advance common issues and evidence-based solutions		Project-specific workgroups operate with Alliance guidance	National recognition as a “Model” of I/T/U and federal, state and private collaboration
Council or Network of I/T/U’s	Additional stakeholders	Structured but not too structured	Common agenda on issues, work together for resolution	Forum for idea generation	Project groups with defined tasks and time limits	11 Tribes and the State of Wisconsin will be nationally known on topic of Indian health
Tribal and Urban Ambassadors to advocate to better serve all people	Recognize uniqueness and differences of all concerns, both rural and urban health initiatives	Leader or coordinator or officers to coordinate	Solutions (don’t just whine)	Forum to share successful programs	Large group should identify projects & assign them to sub-groups to follow-up, report	NIHB @ Minneapolis in 2003, tribes, states, private, keynote and workshops about Mn/Wi
Need to continue some type of coalition to Improve AI health	Engage other stakeholders	Need larger group to meet at least twice per year	Meet to resolve specific issues of mutual interest	Share successes and best practices	Subgroups will follow-up on assigned projects, in-depth analysis, ID possible recommendations, follow-up as directed, keep group informed.	Be a model and a resource to other states and tribes
Continue as forum, alliance or network of stakeholders (not a new corporate entity)	Membership of large coalition is defined by group (IHS, GLITC, state, hosps, WTHDA, urban, Human Services, WPHCA, Feds)	Clear statements of roles, programmatic and resource commitments to the relationship	Identify issues of opportunities resources	Brainstorm ideas and offer TA to one another	Place to form project specific collaborations	
Forum for communication and coordination	All 11 tribes participating	Email list serve to share information, ideas, newsletter	Progressive planning for the future	Advocacy	Acknowledge some work needs to be done outside of this larger group	
Safe environment to share ideas	Expanded membership	Meet quarterly	Shared goals and mission statement	No more AI health disparities		
Action oriented	Build and enhance working relationships	Internet or web site to communicate				
Successful, completed projects						
Group credible because we follow-through						

OBSTACLES AND CHALLENGES WORKSHOP NOTES

Complex political and governance structures	Competing priorities within the group	Competing Demands	Need buy-in by those not here	Problems of obtaining, sharing and publishing data	Too ambitious agenda
Chain of command	Equality in group, not just an Indian group	Groups tend to fizzle	Selling vision to those not here, new folks	Finding data that supports common issues and evidence	Taking on too much
Tribal, State and Fed politics	Competing agendas within the group	Finding time in schedules	Other models in US will overshadow us	Confidentiality of data and ownership of data	
Anticipate and adjust to dynamic environment	How to reach consensus or conclusion	Full plates	Reluctance to change	Failure to get consumer input	
Devolution of federal policies and procedures	Equitable representation for all	Being motivated		Inconsistent access to technology, data, and communication systems	

STRATEGIC DIRECTIONS WORKSHEET

Define Scope & Realm of Issues/Opportunities	Establish basic Organization Logistical Database & Systems for Communication	Develop Process for each organization Participation	Establish Core Group/Partners	Develop marketing Plan	Adopt Mission Statement	I.D. & Implement Projects & Initiatives
Identify critical areas and strategies to address in the elimination of one or more health disp.	Est. List Serve	Development of MOA-MOU resolution for "Buy-In" & Commitment	<u>Guidance Group</u> 1. 11 tribes 2. I.H.S. 3. Universities 4. Private Hospital 5. Urban 6. State of WI Representative Group specific membership not always the same person at a mtg.	Market this to others (video?)	<u>Mission statement:</u> We have formed an alliance to leverage the resources of the I/T/U, State, Federal and Private entities to address the health disparities of Wisconsin's American Indians.	Include tribes in implementing & Planning of WI Public Health Plan
Workshop to Narrow/Focus on Issues, Opportunities & Resources	Set next meeting date-commit to stay no more than 1 day	MOA's that designate a member to attend the Alliance and the resource commitment	Exchange info about each other	Inform those at "Home" what has occurred here ("Home" = bosses, co-workers, stakeholders)	Specific/focused vision Improve Health Care Status of Native Americans	Cultural Sensitivity training for private sectors (Med Schools, VA)
We need to generate a menu of content areas that can be addressed in a multi-lateral forum	Meet 2x's/yr with sub-groups meeting as needed	Create concept paper to present to orgs./councils & get signatures/time commitments	Learn which rules & practices are flexible & which are not – each system	For participants to "buy-in" those who are not at the table 1). Identify who should be here 2). Identify a current participant to update and encourage the new participant to join.	Be very specific about who we are - Mission Statement	Bio-Terrorism Project
Identify Individual partners' agendas to find areas of common Interest for specific action	<u>Basic Logic</u> -Core Group -Next Mtg. June 2 8:30 – 2 Madison	<u>Formulize process</u> Donna & Core Group	<u>Core</u> - John Lund * GLITC/IHIP - WTHDA - BAO/I.H.S. Jenny - UW Donna - Urban Gen - DHFS	Be explicit: To what end? Why? What is the value added?	Mission statement	Projects should give everyone something back

<u>Define Scope</u> Phillis Jody Jeff Alice Denise				Educational Opportunities by an “A-Team” (Select from the greater group)	<u>Mission</u> Denise * Kathy John Lund Byron	Information technology Assessment
				<u>Marketing</u> Robin Lynn Hattie		<u>1st Pilot</u> Best practices and Information SUMMIT (What are we all doing?)
						Develop and Pilot a community based research and curriculum in the Bemidji area.
						Assess and develop Improved data Systems, for all ITU’s
						Tribal Health Hospital Initiative (UW-EPI, DHHS, DHFS Local Coordination, Measurement, Efficiency
						Secure direct Federal funding to ITU’s to conduct Health Research
						<u>Pilot Workgroup & Core Group</u> Jerry Robin Joanne/Georgia Jim Webber Donna Jenny Glen

